***APPLICATION FORM FOR SEAGOING PERSONNEL***

|  |  |  |  |
| --- | --- | --- | --- |
| POSITION APPLIED FOR |  | LICENCE GRADE |  |
| NATIONALITY |  | READINESS |  |

***GENERAL INFORMATION:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SURNAME / NAME |  | | BIRTH DATE / PLACE |  | |
| FATHER’S NAME |  | | MOTHER’S NAME |  | |
| HOME ADDRESS |  | | | | |
| TEL No / EMAIL: |  | | NEAREST AIRPORT |  | |
| MARITAL STATUS |  | RELIGION |  | | |
| NEXT OF KIN, NAME, ADDRESS |  | | | | |
| HEIGHT, CM |  | WEIGHT, KG |  | CLOTHES/SHOES |  |
| BLOOD GROUP |  | HAIR COLOR |  | EYES COLOR |  |
| ENGLISH LANGUAGES LEVEL: Moderate- Good - Excellence - | | | | OTHER LANGUAGES |  |
| GRADUATED FROM, YEAR |  | | | | |

***STCW - LICENSES / DOCUMENTATION:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Documents*** | ***Number*** | ***Issued*** | ***Expiry*** | ***Place of Issue*** |
| Passport (not less than 6 months validity) |  |  |  |  |
| Seaman book (National) |  |  |  |  |
| Certificate of Competency |  |  |  |  |
| Certificate of Endorsement |  |  |  |  |
| GMDSS – General Radio Operators Cert |  |  |  |  |
| A R P A Certificate / RADAR |  |  |  |  |
| ECDIS |  |  |  |  |
| Basic Training – (A-VI/1) |  |  |  |  |
| Advanced Fire Fighting (A-VI/3) |  |  |  |  |
| Hazardous Cargoes (B-V/4,5) |  |  |  |  |
| First aid (medical care) (A-VI/4-1,2) |  |  |  |  |
| Proficiency in Survival Craft (A-VI/2) |  |  |  |  |
| Medical Fitness Certificate (ILO/MLC2006) |  |  |  |  |
| Ship’s Security Officer |  |  |  |  |
| Ship Safety Officer (ISM Code) |  |  |  |  |
| Typhoid / Chicken Pox Vaccination |  |  |  |  |

***SEA SERVICE***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *NAME OF VESSEL* | *TYPE OF VESSEL* | *ENGINE TYPE* | *AREA OF OPERATIONS* | *RANK* | *FROM* | *TO* | *COMPANY* |
|  |  |  |  |  |  |  |  |
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**REFERENCE DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Employer Name** | **Contact Person / Dept.** | **Designation / Dept.** | **Contact Details**  **(E-mail / Telephone** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**The Sea Time / Service Letter Certification, Appraisal Report should be included for submission along with the valid documents.**

**NAME & SIGNATURE**